

Meeting Name	Pressure Injury Resource (PIR) Team		Council/Meeting Minutes
Location	WWCR		
Date	11-9-2021		
Time	16:00-17:00		
Conducted By	Deborah Reynolds		
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action
Documentaton Redesign Carolynn Young	Med/Surg Shift assessment used for admissions, shift assessment, receiving transfers and status changes <ul style="list-style-type: none"><li>Can document on specific body systems exclusively</li><li>Medical Device section added</li></ul> Skin Risk Assessment <ul style="list-style-type: none"><li>Many changes came from PIR Team suggestions</li><li>Foam (silicone) dressing option added</li></ul>	<ul style="list-style-type: none"><li>Carolynn state’s goal is to educate end of December – January and go live end of 1/22</li></ul>	<ul style="list-style-type: none"><li>Carolynn inviting PIR Team members to comment on revisions</li><li>Edits still possible until 1/22</li></ul> (Thank you Carolynn)
Education and Projects Deborah (Debi) Reynolds	Twelve new Skin Champions (SC’s)completed class October 2021 New representation from: <ul style="list-style-type: none"><li>PACU</li><li>OR</li><li>ASU</li></ul> Twenty former SC’s have signed up for the SC Renewal Class 12/6/22  Ideas from SC class 10/22 <ul style="list-style-type: none"><li>Simone Wright suggested silver dressings have MRI warnings included in the EMAR</li><li>Low Air loss Beds have a battery backup button. on the beds</li></ul>	SC Renewal class includes: <ul style="list-style-type: none"><li>6-hour class (5 Contact hours)</li><li>2-hour NDNQI module</li><li>4 Hour time with WOCN</li></ul> Carol Daley, Sandee Sy, Carolynn supported this idea.  Button is located on the bed frame near the head of the bed on the right side. While light up green when active.  Carol Daley suggested contacting Giovanna Conti to add items to the PACU	Adele mentioned this idea to the IT meeting today. Pharmacy representation was there (Dan Quillen) and will look into this along with alerting providers, when ordering an MRI that there is a silver dressing order in place.

	<ul style="list-style-type: none"> <li>PACU does not have silicone foams, NGT holders, Adaptic touch, and heaters for Stryker bath wipes</li> <li>Thicker hydrocolloid (Duoderm) are available from pharmacy if needed for a more heavily draining wound</li> <li>NPWT (KCI) machines cannot go into MRI however the dressings can go into the MRI.</li> </ul>	<p>par (Silicone foam, Stat lock NGT holders and Adaptic touch) and Stryker offers heaters for free</p> <p>Sandee Sy asked if silver foams from KCI can go into MRI and HBOT?</p> <p>Benjelyn Sumague reminded us that patients going to HBOT should have no makeup or Vaseline products.</p>	<p>Deb will reach out to Giovanna Conti about adding items to PACU par</p> <p>Debi will connect with Colleen Collura (PACU) to see if there is room for a Stryker heater on their unit</p> <p>Benje and Debi will start using the Vocera via broadcasting (ie: “broadcast to all skin champions”) to announce that a VAC dressing is being done. Available SC’s can come and participate for practice.</p>
<p>Pressure Injury Data</p> <p>Benjelyn Sumague</p>	<p>Incidence:</p> <ul style="list-style-type: none"> <li>September 3 HAPI’s <ul style="list-style-type: none"> <li>- NGT 2N</li> <li>- Sacrum Stage 2</li> <li>- Heel, left DTPI 5S</li> </ul> </li> <li>October 3 HAPI’s <ul style="list-style-type: none"> <li>- DTPI 5N</li> <li>- DTPI 2N</li> <li>- ETT, Ear, ICU after 63 days</li> </ul> </li> </ul> <p>Prevalence QTR 4 – 1 Patient with HAPI’s – ICU ETT/Ear</p> <ul style="list-style-type: none"> <li>Good participation from Skin Champions</li> <li>Good staging from Skin Champions</li> </ul> <p>HAPI Celebrations – ICU exceeded their goal- 63 days with no HAPI’s in QTR 3</p>		<p>Next Prevalence Data collection is 2-22-22 (QTR 1)</p>

<p>Products and Stage review Debi Reynolds</p>	<p>Differentiating pressure from moisture from trauma/abrasion during prevalence.</p> <p>Red area under nasal canula determined to be abrasion.</p> <ul style="list-style-type: none"> <li>• Skin not moist but dry</li> <li>• Area did not mirror the shape/line of the nasal canula</li> <li>• Resolved after hydrocolloid application</li> </ul> <p>Sacral lesion deep in gluteal cleft.</p> <ul style="list-style-type: none"> <li>• Linear, width 0.3 cm with yellow fibrin over base.</li> <li>• Sacral bone rose above the site.</li> <li>• Was deep in gluteal cleft and intact skin moist.</li> <li>• Resolved with dimethicone application and separating the the skin with dry gauze</li> </ul> <p>Moisture damage is an inflammatory response. Pressure Injury is related ischemia and deformation. Keep silicone foams away from rashes and over bony prominences. Aquacel rope plain can be used to keep skin folds dry. Awaiting decision about Purewick replacing PrimaFit. Bodily Worn Absorbent Products (BWOPS) Diapers = Brief Pull ups = Pull ons</p>		<p>Skin Champions remind peers to empty fecal ostomy pouches when 1/3-1/2 full.</p> <p>For ostomy supplies, call General Service. They will bring the ostomy cart. Call General Service to return to the cart for restocking.</p>
	<p>Next meeting is 12-14-21 Location to be announced Roxanna McKenna will be present on hydrogel (Solosite) Miska UramRabad will present on collagense (Santyl)</p>		

**Respectfully submitted,  
Deborah (Debi) Reynolds, BA, BSN, RN, CWOCN**

**Date 11-18-21**

**Manager Signature** \_\_\_\_\_

**Date** \_\_\_\_\_